NOVA SCOTIA
Health
Research
FOUNDATION

ANNUAL REPORT 2003.2004

Building Capacity

Now and in the Future

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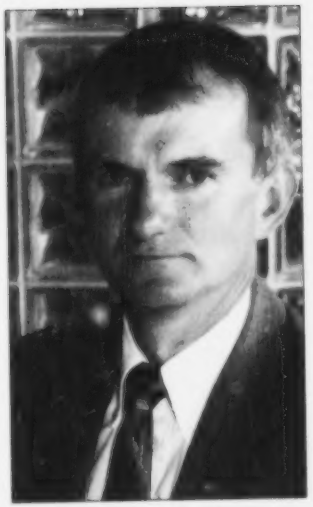
NOVA SCOTIA HEALTH RESEARCH FOUNDATION

Message from the Chair



This fiscal year was a year of significant growth and development for the Nova Scotia Health Research Foundation – and the Board of Directors. Just as NSHRF strives to build capacity among researchers across the province, 2003-04 was a year of building our own capacity – and building on the capacity of the members of the Board of Directors.

At the Board level, we focus on the development, implementation and evaluation of policies that govern the operations of NSHRF. I'm pleased to say that there is a strong policy foundation in place, and regular reviews of these guiding directives to ensure we are meeting our goals. Now and in the future.

The future was firmly in sight with the development of an important new initiative: the Nova Scotia Research Ethics Oversight Steering Group, which is supported by NSHRF and the Health Law Institute at Dalhousie University. This new group, comprised of representatives from the district health authorities, government departments, particularly the Department of Health, and the IWK Health Centre, are committed to establishing a better approach to research ethics review in the province, while building on current strengths and processes. Others from the health sector will be included.

The establishment of the Ethics Oversight Steering Group reflects the sophistication, awareness and complexity of the health research community in Nova Scotia. NSHRF is central to this community and the awareness of the role we play is growing beyond our borders. Our executive director, Krista Connell, was asked to co-chair a vital new organization of provincial health research agencies. Inherent in that honour is a recognition of the role NSHRF plays on the provincial, regional and national health research scene. It is a role we take very seriously, as you will read about in the pages of this annual report.

The latter half of this fiscal year marked my first term as Chair of the NSHRF Board of Directors. My job was made immeasurably easier by the skill and dedication of a team who understands the health research landscape and works to help shape that landscape into a dynamic and internationally successful environment. It is with some regret, therefore, that we had to say good-bye to three members of our team.

Brenda Montgomery, former CEO of the Western Regional Health Board, and Carol Amaratunga, former executive director of the Atlantic Centre of Excellence for Women's Health at Dalhousie University, completed their terms as board members. We will miss their enthusiasm and insight.

Hugh Gillis, NSHRF's first Chair, also completed his term. Hugh's commitment to excellence, his ability to motivate colleagues and partners, and his broad vision were strengths on which NSHRF relied in its early development. Hugh, your presence – and your laughter – will be missed.

Joining the Board were two new members – Peter McLeod and Patrick McGrath – who will bring new insight, experience and understanding to the team. Peter is a professor of psychology at Acadia University where he has also served as Director of Research and Graduate Studies. Patrick is a Killam Professor of Psychology, and professor of pediatrics and psychiatry, and Canada Research Chair at Dalhousie University.

Clearly we are building capacity internally as well as externally.

Brian MacDougall
Chair

Message from the Executive Director

This fiscal year marks our fourth year in operation. We have worked to build a strong base on which comprehensive health research programs and initiatives can be launched and sustained. In 2003-04, we turned our energy to enhancing and refining these programs – and continuing to build capacity – as growth continued on a number of fronts.

Significant enhancements were made to our grant programs and to the materials that support these programs, particularly to our application forms and guides. In tandem with this initiative – which involved extensive consultation with members of the health research community – we completely redesigned and revamped our website.

The results indicate the improvements and refinements have been beneficial. Changes to our grant programs reflect the needs of the health research community and enable us to more adroitly meet those needs. Feedback from researchers indicates that application forms were easier to complete, to download and to understand. Website usage is up over last year and all indications are that health researchers have come to rely on the NSHRF website not only during the months leading up to the competition but all year round.

To continue meeting the needs of Nova Scotia's growing health research community, NSHRF grew in 2003-04. I am pleased to welcome to the team Mary Ann Skaro and Marie Deveau Wournell. Mary Ann oversees our Capacity Building Program and our Knowledge Transfer Program. Marie is responsible for the smooth day-to-day running of the organization and provides administrative support to the program managers.

Additional staff, and the need for more physical space, necessitated a move to a larger office. In an effort to make maximum use of our resources, we are sharing space with the Nova Scotia Gaming Foundation. This will enable us to be as cost-effective as possible while still enabling us to meet the growing needs of the Foundation and those we serve.

NSHRF is committed to building capacity and supporting health research in its broadest sense. We work to achieve this by:

- Identifying health research priorities through consultation and communication with researchers, government, health boards, organizations, institutions and individuals;
- Allocating funds to support the province's health-research priorities and capacity development, including the retention of skilled personnel;
- Establishing a peer-review system, including, where appropriate, peers who reside outside of Nova Scotia to ensure that scientific and ethical standards are maintained in awarding all grants;
- Communicate research findings regularly to a diverse and wide array of audiences; and
- Establish a forum of interaction among health-care researchers and those who apply the findings.

One of our most significant achievements is the establishment and growth of a Capacity Building Program for young researchers and established researchers exploring new fields. The Capacity Building Program provides support for the development of research proposals to the point where they can compete for national awards; supports the expansion of individual researchers' research skills; supports the ability of students, at all levels of university study, to participate in research-related activities; and supports the creation of community research alliances.

Partnerships are central to the work we do at NSHRF, and we work hard at developing and sustaining collaborations that serve to enhance the health research community. Many of those partnerships extend beyond our provincial borders and serve to strengthen – and expand – the capacity we have within our borders.

Krista Connell

Krista Connell
Executive Director

Highlights of 2003-04

FISCAL 2003 WAS A YEAR OF BUILDING ON OUR STRENGTHS AND BUILDING CAPACITY. HERE'S SOME OF WHAT WE ACCOMPLISHED:

- $3.7 million in research funding was awarded to 17 professional researchers and their teams and 56 student researchers. The funded research covered a broad range of health-related research – everything from investigating the effectiveness of new anti-inflammatory drugs for the treatment of multiple sclerosis to identifying risk factors in the care of persons with brain trauma to looking at the long-term health impact of work-related stress.

- This fiscal year we celebrated Students: Building Capacity Now and in the Future, and this was reflected in the number and quality of student applications. Student applications increased by 47 percent, and nearly $1.7 million in grant money was awarded to students.

- Our third Health Research Grant Writing Workshop, which took place in September at the World Trade and Convention Centre, included an invitational workshop on mentoring in health research; our first student health research workshop; and a two-day grant writing and capacity building event. More than 200 registrants and 30 presenters turned up to learn new skills, hone their existing expertise, pick up helpful hints, and increase their understanding about what constitutes a successful health research application.

- NSHRF's external communications program – which includes our website, newsletter, electronic bulletin, media relations program and more – was honoured with an Award of Merit from the Canadian Public Relations Society – Nova Scotia. The award recognizes excellence in communications with key stakeholders.

- There was an overwhelming interest in and very high quality of applications received for the Capacity Building Program. As a result, the number of applications exceeded resource availability halfway through the last fiscal year. In order to better meet the increased demand, we made important

Planning for the future today

The Nova Scotia Health Research Foundation's Strategic Plan encompasses three phases. Two of those phases are complete; the third is now being implemented. Overall, the strategic plan focuses on building existing activities, enhancing evaluation, exploring possibilities for growth, and developing new projects that improve health and health research in Nova Scotia.

The third phase of the plan, Building on the Foundation, will carry NSHRF through 2005. It involves looking closely at the implementation and administration of programs; developing a business case for health research investment; designing and implementing a health research funding program; putting a cutting-edge knowledge translation process in place; designing and implementing program evaluation; refining and completing NSHRF's targets and measures; establishing a process for nominating peer-review members; and designing a peer-review observer program.

NSHRF's strategic priorities, which are reflected in the action plan, have been developed through consultation with our stakeholders. The strategic priorities are to:

- Build and sustain a full range of health research in Nova Scotia;
- Foster health research as a foundation of healthcare, health education, and health policy in Nova Scotia;
- Create and maintain a vibrant environment for research in the training of health professionals and health research investigators;
- Foster partnerships in health research among disciplines and across institutions;
- Support research that has the potential to increase economic activity in Nova Scotia; and
- Support research that addresses health issues of importance to Nova Scotians.

In future years, the strategic plan calls on the NSHRF to:

- Revisit our communications plan;
- Offer more thematic workshops;
- Evaluate our competitive programs;
- Assess knowledge-translation strategies;
- Follow-up on the public-opinion survey conducted in 2001; and
- Review the business plan.

"The strategic plan provides us with a guide to set and maintain a course by. It also gives us a framework for evaluation. Both," notes NSHRF Executive Director Krista Connell, "are critical to a vibrant health research community."

changes to the program. These changes are based on the experience of the last few years and included consideration of the average request for funding per category, the type of requests received, feedback from applicants, and information gathered in our consultation process.

- NSHRF's website continues to be a major source of information for people. In the last three months of this fiscal year, the number of hits the website received jumped by 36% in January, 26% in February and 25% in March.

- During 2001/02, the Canadian Institutes of Health Research (CIHR) provided, through its Institutional Development Grants competition, an opportunity for institutions across Canada to build and mobilize their health research capacity. Ten universities in Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island were awarded a total of $920,000 in development grant funding. Within less than two years, the funding has already begun to revitalize the region's research infrastructure. NSHRF compiled this follow-up report on behalf of the successful grant recipients in Atlantic Canada. The report describes how the universities used their grant funds to launch new initiatives, to stimulate partnerships, to support existing research, and to seek innovative approaches to problems in health-related research.

A Hugh Thank You

This year Hugh Gillis completed his term as Chair of the Nova Scotia Health Research Foundation. Hugh was our first Chair. In that capacity, he oversaw the development, growth and evolution of the Foundation from concept to reality. He was instrumental in laying down a strong policy framework that continues to guide us as we move forward. Hugh's supportive leadership also fostered the development of a cohesive Board of Directors whose support has been fundamental to the work of the Foundation – and to the health research community throughout Nova Scotia.

Hugh, you will be missed.

The Quest

The **John Ruedy** Award

New award honors excellence

The Quest, *The* ***John Ruedy*** *Award,* honors the best of the best

The new award, launched for the first time in 2003, and named in honour of John Ruedy, the founder of the first academic Division of Pharmacology in Canada and former Dean of the Faculty of Medicine at Dalhousie University, will be presented each year to the student researcher who demonstrates the greatest promise and potential for excellence in health research. The winner will be selected from among the student applicants with the highest standings in all categories in the Nova Scotia Health Research Foundation's annual student competition. Among the criteria that will be used to determine the winner will be their future plans, long-term goals, career expectations, and prospective contribution to the field of health research.

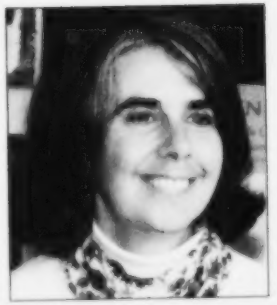
JOHN RUEDY

In addition to receiving this important recognition, Capital Health will contribute an annual award of $5,000 to help the winner further their research.

The first winner of *The Quest* is Nicole Hartnell, who is completing her studies in the Interdisciplinary PhD program at Dalhousie University, only one of four such programs in the country. To read more about her research, see page 8.

Profiles WE'D LIKE YOU TO MEET A FEW OF THE RESEARCHERS WE'RE PROUD TO FUND.

Health Research Grants



MOTHER-INFANT SKIN-TO-SKIN CONTACT

ANN BIGELOW
DEPARTMENT OF PSYCHOLOGY
ST. FRANCIS XAVIER UNIVERSITY

Positive interactions between mothers and infants foster maternal sensitivity and mutual responsiveness, which have long-term beneficial effects on physical and emotional health. This project will study the health benefits of mothers providing skin-to-skin contact with their infants for a few hours each day. It will assess if there is a reduction in postpartum depression and stress reduction in the mothers, and quiet alertness and reduced stress in the infant. It will also assess if there are any improvements in the general health and well-being of the mother and child.

DENTAL IMPLANT SURFACE MODIFICATION TO IMPROVE CLINICAL PERFORMANCE

MARK FILIAGGI
FACULTY OF DENTISTRY AND SCHOOL OF BIOMEDICAL ENGINEERING
DALHOUSIE UNIVERSITY

Tooth loss can have a profound impact on the overall quality of life. Significant tooth loss or long-term loss is strongly linked to general health deterioration. Bridges and dentures offer some relief, both aesthetic and functional. However, dental implants allow a more complete long-term functional and aesthetic restoration. This project seeks to develop a technology that will actively promote localized bone formation and subsequent long-term implant fixation, thus making this therapeutic intervention more feasible in especially challenging clinical situations. Involving both Acadia and Dalhousie universities, this study will also create research opportunities and training for students in the province.

WORK-RELATED STRESS: AN EXAMINATION OF EMPLOYEES AND ORGANIZATIONS IN NOVA SCOTIA

LORI FRANCIS
DEPARTMENT OF PSYCHOLOGY
SAINT MARY'S UNIVERSITY

Work-related stress is becoming increasingly common and severe. According to the United States' National Institute of Occupational Safety and Health, occupational stress is one of the 10 leading causes of death in the workplace. It is commonly considered to be an epidemic in North America. This research will consider the degree and nature of work-related stress in Nova Scotia and attempt to increase understanding of common work stressors and their long-term health impact. It will also look at programs provided by employers aimed at helping manage and reduce workplace stress, and will identify factors that are damaging to the well-being of employees.

Profiles

Health Research Grants

THE CT STROKE OUTCOME STUDY

GORDON GUBITZ
DEPARTMENT OF NEUROLOGY
QEII HEALTH SCIENCES CENTRE

We need to know more about how stroke patients are doing after they are discharged from hospital. It would also be helpful if we had tools that could predict whether people are likely to develop problems with day-to-day activities, thinking and memory. One tool that may be very useful for this is a type of X-Ray called a CT scan. Almost all patients who are admitted to hospital with a stroke have a CT scan of their head to look for changes from the stroke, and possibly other changes that may have been there previously. We may be able to use information from the CT scan to predict how people are likely to do after they have been discharged from hospital. In our research study, people who are discharged from the Stroke Unit at the QEII Health Sciences Centre in Halifax will be followed up as outpatients and undergo several different assessments to see how well they are doing after their stroke. These results will be compared to their original CT scans.

AN INTERNATIONAL COLLABORATION TO STUDY RESILIENCE IN CHILDREN ACROSS CULTURES

MICHAEL UNGUR
SCHOOL OF SOCIAL WORK
DALHOUSIE UNIVERSITY

This study will identify unique and culturally specific ways to foster health in children and youth growing up under adversity. It will develop the tools necessary to understand the survival strategies and characteristics of vulnerable child populations. The study brings together resilience researchers from different disciplines and cultural backgrounds who have methodologically diverse approaches.

MARGO WATT

SHERRY STEWART

A BRIEF COGNITIVE-BEHAVIOURAL APPROACH TO REDUCING ANXIETY SENSITIVITY

MARGO WATT
DEPARTMENT OF PSYCHOLOGY
ST. FRANCIS XAVIER UNIVERSITY

SHERRY STEWART
DEPARTMENT OF PSYCHOLOGY
DALHOUSIE UNIVERSITY

Anxiety sensitivity refers to a fear of anxiety-related sensations. High-anxiety sensitivity is a risk factor for anxiety disorders, such as panic disorder and social anxiety, as well as depression and substance abuse. First-year students with high-anxiety sensitivity would seem to be at increased risk to develop an anxiety or other disorder. This study proposes to test a brief therapeutic intervention designed to reduce anxiety sensitivity levels in first-year students. Affective adjustment, alcohol consumption and academic performance in the treatment group will be compared with those who receive no treatment, and measured. Follow-up assessments will be conducted.

A LOOK INSIDE THE GENETIC CODE

CHARLES BULLERWELL
DEPARTMENT OF BIOCHEMISTRY & MOLECULAR BIOLOGY
FACULTY OF MEDICINE
DALHOUSIE UNIVERSITY

Mitochondria play an important role in cellular function, and many human diseases are the result of altered mitochondrial activity, including certain types of diabetes and neuromuscular disorders. Mitochondria also play a critical role in a variety of processes such as programmed cell death and aging. All mitochondria contain transfer RNAs (tRNAs), essential molecules for the maintenance of the genetic code. This project focuses on the biochemistry of enzymes involved in the editing of tRNAs in the mitochondria of *Acanthamoeba* castellanii. In addition to aiding in the general understanding of mitochondrial function, tRNA processing and tRNA editing, this research will give insights into the biology and biochemistry of A. *castellanii*, an amoeboid protist that causes two diseases in humans: *Acanthamoeba* keratitis (a painful eye infection which can lead to permanent vision impairment) and granulomatous amoebic encephalopathy (a sometimes fatal disease of the central nervous system mostly found in individuals with severely compromised immune systems).

ADOLESCENT CHRONIC PAIN: THE INFLUENCE OF THE FAMILY AND PEER GROUPS

JILL E. HATCHETTE
PEDIATRIC PAIN LAB
IWK HEALTH CENTRE

Chronic pain is often debilitating for young people. How teenagers cope with chronic pain is a function of many factors, but perhaps the most influential is the family. Two psychological mechanisms, modeling and reinforcement, appear to account for much of the impact of the family on pain behaviour. Peers are also a powerful influence for adolescents, particularly where health behaviours are concerned. However, the role of peer influence in modeling and reinforcement of pain in adolescents has been largely ignored. This project will contribute to our understanding of effective versus ineffective coping strategies employed by adolescents with chronic pain conditions.

AN ANALYSIS OF TRENDS IN GOVERNMENT-SUPPORTED HOME CARE SERVICES

GLENDA HAWKINS
DEPARTMENT OF FAMILY STUDIES AND GERONTOLOGY
MOUNT SAINT VINCENT UNIVERSITY

Home care provides services that allow people to remain in their own homes as long as possible by maintaining their physical, mental, social and emotional well being, preventing the deterioration of health and the need for institutionalization, and substituting acute care services provided in hospitals. The Romanow and Kirby Commissions both brought national attention to home care by recognizing the importance of providing post-acute home care services. However, neither commission nor the First Ministers addressed the importance of home support and respite services for people with long-term chronic-care needs, who make up 58 percent of home care clientele. Thus, this is a critical time to be studying home care. This project will analyze trends in the use and composition of government-supported home care services from 1996 to 2001. Factors associated with using home care, such as age, sex, and health status, will also be analyzed, using data from the 1996 National Population Health Survey and the 2001 Canadian Community Health Survey.

Profile

Capacity Building Award

ASSESSING THE OUTCOME OF COMPULSORY PSYCHIATRIC TREATMENT IN THE COMMUNITY

STEVEN KISELY
DEPARTMENT OF PSYCHIATRY
DALHOUSIE UNIVERSITY

The use of community treatment orders for psychiatric patients has been introduced in Australia, Britain, and New Zealand, as well as some Canadian provinces. Nova Scotia is currently examining this approach. This research project will evaluate the effectiveness of community treatment orders by comparing patients in two jurisdictions: Western Australia, which has compulsory community treatment in place, and Nova Scotia. In particular, the study will examine whether community treatment orders for psychiatric patients reduce subsequent use of health services.

The Quest

The **John Ruedy** Award

Pharmacy student first winner of **The Quest**

Nicole Hartnell is the first winner of *The Quest*. She is completing her studies in the Interdisciplinary PhD program at Dalhousie University, only one of four such programs in the country.

Ms. Hartnell is exploring the subject of medication errors, specifically barriers to reporting. She notes that it is estimated as many as 700 Canadians die each year from medication errors and that only one to three percent of serious adverse drug reactions are reported. Reporting medication errors is a Catch-22, says Dr. Neil MacKinnon, an associate professor in the School of Pharmacy at Dalhousie who supervised Ms. Hartnell's one-year research fellowship at the school. "The better you are at reporting, the worse you look."

Indeed, among the barriers to reporting a medication error are psychological factors such as fear of liability and concerns about being perceived as incompetent. Other barriers, systems barriers, include a culture of blame and inadequate reporting structure. As part of her research program, Ms. Hartnell will explore why health care professionals in Nova Scotia report – or fail to report – medication errors and what can be done to encourage reporting.

As part of her research, Ms. Hartnell, will work closely with Capital Health's Patient Safety Advisory Group. She is currently working at the Department of Health investigating drug policy development as part of the work being carried out by Dr. Ingrid Sketris, Chair of Health Services Research focusing on Drug Use Management Strategies and Policies.

Project Grants

Interpreting optic disk tomography in glaucoma: Importance of shape information	Paul Artes Syed Abidi	Department of Ophthalmology, Dalhousie University Department of Computer Science, Dalhousie University
Effects of mother-infant-skin-to-skin contact in breastfeeding and nonbreastfeeding mother-infant dyads	Ann Bigelow	Department of Psychology, St. Francis Xavier University
Which early ST Elevation Myocardial Infarction Therapy? (WEST Study)	Edward J. Cain Iqbal Bata	Emergency Health Services Division of Cardiology, QEII Health Sciences Centre
Primary care in Capital Health: Assessing quality from the public perspective	Frederick I. Burge	Community Health & Epidemiology/Family Medicine Dalhousie University
Brain trauma outcomes in Nova Scotia	David Clarke John Tallon	Division of Neurosurgery, QEII Health Sciences Centre Nova Scotia Trauma Program, QEII Health Sciences Centre
A calcium phosophate coating delivery system for enhanced dental implant fixation	Mark Filiaggi	Faculty of Dentistry and School of Biomedical Engineering Dalhousie University
The experience and management of work stress: A focus on employees and organizations in Nova Scotia	Lori Francis	Department of Psychology, Saint Mary's University
The CT stroke outcome study	Gordon Gubitz	Department of Neurology, QEII Health Sciences Centre
Health climate at Capital Health	Kevin Kelloway	School of Management, Saint Mary's University
A consultation process to develop a survey instrument to assess adolescent health in Nova Scotia	Donald Langille Gail Tomblin-Murphy	Department of Community Health and Epidemiology School of Nursing Dalhousie University
Alternate chloride channels in human airway epithelial cells	Paul Lindsell	Department of Physiology and Biophysics, Dalhousie University
The function of the LKB1 – Brg1 complex in colorectal cancer	Paola A. Marignani	Department of Biochemistry and Molecular Biology, Dalhousie University
A proactive approach to health care in medical practices	René Murphy	Department of Kinesiology, Acadia University
Inflammatory mechanisms in Multiple Sclerosis	George S. Robertson	Department of Pharmacology, Dalhousie University
Economic evaluation of extended duration Antithrombotic Prophylaxis for prevention of Venous Thromboembolism following total hip Arthroplasty	Chris Skedgel	Department of Medicine, QEII Health Sciences Centre
An international collaboration to study resilience in children across cultures	Michael Ungar	School of Social Work, Dalhousie University
A brief cognitive-behavioural approach to reducing anxiety sensitivity in a nonclinical sample	Margo Watt Sherry Stewart	Department of Psychology, St. Francis Xavier University Department of Psychology, Dalhousie University

Capacity Building Grants

Community Research Alliance Grants

School-aged children with Autistic Spectrum Disorders: A collaborative project between educators and health researchers	Penny Corkum	Dalhousie University
A collaborative oral health research framework for Nova Scotia	Mark Filiaggi Debora Matthews	Dalhousie University

Development Grants

Examining a continuum of treatment for children with Oppositional Defiant Disorder	Isabel Fearon	IWK Health Centre
Effect of the different wavelengths of light emitted from commercially available dental curing lights on resin polymerization	Richard Price	Dalhousie University
The effects of hypothermia on vigilance and spatial attention	S.S. Cheung D. A. Westwood	Dalhousie University
Assessing the outcome of compulsory psychiatric treatment in the community. An epidemiological comparison of two jurisdictions with and without community treatment disorders	Steve Kisely	Dalhousie University

Student Research Awards

Development and testing of an online analytical processing (OLAP) system to improve oral healthcare knowledge discovery process and ease of data retrieval from the clinical database at the Faculty of Dentistry, Dalhousie University	Nariman Amiri	School of Dentistry, Dalhousie University
Facilitating adaptive social development program: A community-based program to develop children's resiliency and foster mental health	Brendan Andrade	Department of Psychology, Dalhousie University
An analytical model of the mechanics of knee osteoarthritis	Janie Lynn Astephen	School of Biomedical Engineering, Dalhousie University
Effectiveness of the wheelchair skills training program for community-based manual wheelchair users	Krista Best	Department of Kinesiology, QEII Health Sciences Centre
Skateboarders' experience of injury: A qualitative study	Karen Black	Department of Community Health & Epidemiology, Dalhousie University
Phosphatase involvement in mast cell signal transduction – implications for inflammatory diseases	Robert Boudreau	Department of Microbiology & Immunology, Dalhousie University
Macrophage activation by Echinacea Polysaccharide	Allyn Bowen	Department of Microbiology & Immunology, Dalhousie University
A study of the construct of resilience through the lived experience of consumers of forensic psychiatric services	Barbara Broom	School of Nursing, Dalhousie University
Leptin gene expression in the brain: a potential therapeutic target for body weight control?	Russell Brown	Department of Obstetrics & Gynaecology, IWK Health Centre
Biochemical investigation of mitochondrial transfer RNA editing in Acanthamoeba castellanii	Charles Bullerwell	Department of Biochemistry & Molecular Biology, Dalhousie University
Heat shock treatment and heat shock proteins protect against Angiotensin II-Induced tissue injury and its mechanism	Yu Chen	Department of Anatomy & Neurobiology, Dalhousie University
Perception of portion size in relation to obesity and diet: A study of grade five students in Nova Scotia to provide direction for health policy	Cynthia Colapinto	Department of Applied Human Nutrition, Mount Saint Vincent University
Structural and functional characterization of an unusual membrane fusion-inducing protein, p15, encoded by the nonenveloped baboon reovirus	Sandra Dawe	Department of Microbiology & Immunology, Dalhousie University
Understanding the psychological impact of behavioral recommendations for diabetes self-care: Identifying potential barriers	Kristina Devoulyte	Department of Psychology, Dalhousie University
Examination of the link between gait characteristics and total knee replacement performance	Laura Diamond	School of Biomedical Engineering, Dalhousie University
Reducing adolescent anxiety with on-line health information	Krista Elvidge	Medical Informatics, Dalhousie University
Role of insulin-like growth factor I in Kindling-Induced Epileptogenesis	Neil Fournier	Department of Psychology, Dalhousie University
The role of enriched environment on gene expression in the brain and retina	Tamara Franklin	Department of Anatomy & Neurobiology, Dalhousie University
Influenza immunization for registered nurses. How do they make their choice?	Donna Gallant	Faculty of Nursing, University of Calgary

Determination of barriers to medication error reporting among Nova Scotia health professionals	Nicole Hartnell	College of Pharmacy, Dalhousie University
The impact of geographic and socioeconomic factors on prognosis following acute myocardial infarction and CABG surgery: a multilevel, population-based approach	Ansar Hassan	Department of Community Health & Epidemiology, Dalhousie University
Chronic pain: Adolescent issues	Jill Hatchette	Pediatric Pain Lab, IWK Health Centre
Patterns and predictors of home care utilization: Analyzing changes over a five year period (1996-2001)	Glenda Hawkins	Family Studies & Gerontology, Mount Saint Vincent University
An assessment of child and adolescent bicyclist subgroups and bicycle-related injuries	Sherry Huybers	School of Health & Human Performance, Dalhousie University
Assessment of the Fibrogenic Stimulation Index (FSI) and the role of antifibrotic agents in the management of chronic Hepatitis C	Fareeha Khan	Department of Pharmacology, Dalhousie University
Culturally competent occupational therapy: Skills for bridging and embracing differences	Zophia Kumas-Tan	School of Occupational Therapy, Dalhousie University
The examination of organizational factors that influence nurse's ability to effectively manage hospitalized children's pain	Margot Latimer	Department of Nursing, McGill University
A cross-sectional investigation of suicidality: Identifying risk factors and investigating theoretical models	Stephen Lewis	Department of Psychology, Dalhousie University
Effects of GTP analogues on CTP synthetase catalysis	Faylene Lunn	Department of Biochemistry & Molecular Biology, Dalhousie University
Mapping the social relations shaping the everyday lives of the food insecure in Nova Scotia	Rita MacAulay	Department of Applied Human Nutrition, Mount Saint Vincent University
Reducing health disparities for members of historically marginalized Nova Scotian communities through the development of a cross-cultural education curriculum for future physicians	Anna MacLeod	Centre for Studies in Literacy, Policy & Learning Cultures, Dalhousie University, Distance Site – University of South Australia
Exploring rural relationships and health behaviours: A look at youth in coastal Atlantic Canada	Debbie Martin	School of Health & Human Performance, Dalhousie University
Defining a role for primary health care nurse practitioners in rural Nova Scotia	Ruth Martin-Misener	Faculty of Nursing, University of Calgary
Legal and political responses to medical error in Australia, New Zealand, the United Kingdom, and Canada: A framework for improved patient safety	Fiona McDonald	Health Law Institute, Dalhousie University
Palliative care in long-term care: Innovative approaches to service delivery	Shannon McEvenue	Family Studies & Gerontology, Mount Saint Vincent University
Automatic feature extraction and classification of CSLT optic nerve images	Andrew McIntyre	Faculty of Computer Science, Dalhousie University
Alcohol's effects on attention and memory biases towards facial expressions in high and low socially anxious individuals	Eric Morris	Department of Psychology, Dalhousie University
Community treatment orders: Implications for women's autonomy	Martina Munden	Health Law Institute, Dalhousie University
Single umbilical artery: Epidemiology and fetal/neonatal outcomes	Lynn Murphy-Kaulbeck	Department of Obs/Gyn & Pediatrics, Dalhousie University
Monitoring problem readers during reading remediation with behavioral and event-related brain potential techniques	Randy Lynn Newman	Department of Psychology, Dalhousie University

Effectiveness of an auditory feedback prosthetic device to Ameliorate stuttering during everyday life: An outcome study	Jennifer O'Donnell	School of Communication Disorders, Dalhousie University
Effects of body-weight-supported treadmill training on energy expenditure of gait early after stroke	Jennifer Penney	School of Physiotherapy, Faculty of Health Professions, Dalhousie University
Measuring psychosocial outcomes of genetic breast cancer counseling	Valerie Peters	Department of Psychology, Dalhousie University
A population based study of risk factors related to the development of Type 2 Diabetes among a cohort of women with a history of gestational diabetes	Cory Russell	Community Health and Epidemiology, Dalhousie University
Determinants of untreated depression among Atlantic Canadians	Jill Starkes	Department of Community Health & Epidemiology, Dalhousie University
The computer-aided molecular screening of endogenous CNS compounds for their ability to prevent amyloidosis in Alzheimer's patients	Vanessa Stephenson	Department of Chemistry, Dalhousie University
The social construction of female sexuality in a Canadian sexual health education program: Implications for HIV prevention	Susannah Taylor	School of Health and Human Performance, Dalhousie University
Effect of BMP signaling on ovarian cancer cell adhesion	Brigitte Theriault	Department of Pharmacology, Dalhousie University
Investigating the forces that shape the experience of PDR middle school teachers in the Halifax Regional School Board	Jennifer Thurlow	Department of Community Health and Epidemiology, Dalhousie University
The design and synthesis of antiseizure and anti-epileptogenic drugs based on endogenous molecules	Kathryn Tiedje	Department of Chemistry, Dalhousie University
Children's experiences of living with and caring for parents with multiple sclerosis	Cortleigh Vowles	Department of Community Health and Epidemiology, Dalhousie University
The role of Hippocampal Neurogenesis in Kindling-induce anxiety	Amanda Wintink	Department of Psychology, Dalhousie University
Neurochemical and behavioural responses to two types of stressor in maternally separated male and female rats	Lisa Dawn Wright	Department of Psychology, Dalhousie University
Mechanism of action and modes of resistance to metabolites and drugs that preferentially kill cancer cells	Marcia Wright	Department of Biochemistry & Pediatrics, Dalhousie University
Childhood obesity in the family environment: Parental perceptions, dietary independence and diet quality of pre-adolescents	Margaret Young	Department of Applied Human Nutrition, Mount Saint Vincent University
Using yeast as a model system to determine cellular targets of the anti-cancer drug Edelfosine	Vanina Zaremberg	Department of Pediatrics, Faculty of Medicine, Dalhousie University

Auditors' Report

To the Directors of Nova Scotia Health Research Foundation

We have audited the statement of financial position of the Nova Scotia Health Research Foundation as at March 31, 2004 and the statements of operating support and expenditures and changes in net assets for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects the financial position of the Foundation as at March 31, 2004 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Hunter Belgrave Adamson

HUNTER BELGRAVE ADAMSON
Chartered Accountants

Dartmouth, Nova Scotia
July 22, 2004

Statement of Operating Support and Expenditures

Year ended March 31, 2004

	2004	2003
Operating Support		
Grant revenue	$ 675,000	$ 375,000
Program sponsorships	23,428	30,000
Investment income	100,314	306,474
	798,742	711,474
Operating Expenses		
Capacity building program	290,384	277,521
Salaries and benefits	225,825	185,127
Communications, public awareness and research findings	143,474	99,576
Consultants	90,943	85,391
Workshops	70,060	71,239
Peer review of grant applications	67,296	48,390
Office supplies	21,171	24,244
Travel and meetings	20,090	17,249
Knowledge translation	14,326	–
Rent	9,383	–
Depreciation	8,767	6,675
Network and promotion	8,592	6,833
Telephone, fax and website maintenance	8,512	14,644
Moving expenses	7,928	–
Contribution to CRTN	5,000	–
Regional partnership program	1,093	91
Professional development	975	3,731
Insurance	566	–
	994,385	840,711
Excess of Expenditures over Support	$ (195,643)	$ (129,237)

Statement of Changes in Net Assets

Year ended March 31, 2004

	Invested in property, plant and equipment	Research Awards	Administration and programs	2004 Total	2003 Total
Balance, beginning of year	$ 28,176	$ 612,477	$ 272,397	**$ 913,050**	$ 3,242,663
Excess of expenditures over support	–	–	(195,643)	**(195,643)**	(129,237)
Support for grants	–	3,825,000	–	**3,825,000**	2,125,000
Issuance of grants	–	(4,019,481)	–	**(4,019,481)**	(4,325,376)
Net change in investment in property, plant and equipment					
depreciation	(8,767)	–	8,767	–	–
acquisition of property, plant and equipment	27,875	–	(27,875)	–	–
Balance, end of year	$ 47,283	$ 417,996	$ 57,646	**$ 522,925**	$ 913,050

Statement of Financial Position

As at March 31, 2004

	Administration and programs	Research Awards	2004 Total	2003 Total
Assets				
Current assets				
Cash	$ 58,132	$ 218,432	$ 276,564	$ 303,982
Accounts receivable	33,635	–	33,635	246,743
Investments (note 4)	–	4,337,116	4,337,116	3,837,341
	91,767	4,555,548	4,647,315	4,388,066
PROPERTY, PLANT AND EQUIPMENT (note 5)	47,283	–	47,283	28,176
	$ 139,050	$ 4,555,548	$ 4,694,598	$ 4,416,242
Liabilities				
Current Liabilities				
Accounts payable and accrued liabilities	$ 34,121	$ –	$ 34,121	$ 13,449
Grants payable – current portion	–	3,248,072	3,248,072	2,698,421
	34,121	3,248,072	3,282,193	2,711,870
GRANTS PAYABLE	–	889,480	889,480	791,322
	34,121	4,137,552	4,171,673	3,503,192
Net Assets				
Net assets invested in property, plant and equipment	47,283	–	47,283	28,176
Net assets restricted (note 6)	–	417,996	417,996	612,477
Net assets unrestricted	57,646	–	57,646	272,397
	104,929	417,996	522,925	913,050
	$ 139,050	$ 4,555,548	$ 4,694,598	$ 4,416,242

Approved on Behalf of the Board:

Brian MacDougall

Krista Connell

Notes to the Financial Statements

Year ended March 31, 2004

1. DESCRIPTION OF ENTITY

The Nova Scotia Health Research Foundation, a not-for-profit organization established by the Health Research Foundation Act of the Province of Nova Scotia (Bill No. 22), was given Royal Assent on December 3, 1998 and became effective on January 1, 2000. As stated in the Act, the objects of the Foundation are to assist, collaborate with and fund individuals and organizations conducting health research in the Province including the fields of health policy, health promotion, and health care and without limiting the generality of the foregoing, assist health-services research, health outcome research, health public policy research and medical research.

The accompanying financial statements include only the assets and operations of the Foundation.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and reflect the following policies:

Fund Accounting

The Foundation follows the restricted fund method of accounting for contributions.

The Administration & Programs Fund is used to account for the primary operations of the Foundation, including costs related to administration, operations, programs, and promotion of the public awareness of the Foundation. Government grants and other income recorded directly by this fund include only those available for unrestricted operating purposes.

The Research Awards Fund is used to account for funds received that are designated for the issuance of research grants including grants for medical, health-outcome, health-services, and public policy research. At the time the research grants are approved, the grant amounts payable are recorded as a reduction of the fund equity.

Revenue Recognition

Contributions are recognized as revenue of the fund to which they relate in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Investment income earned on all investments is allocated to the Administration & Programs Fund.

Financial Instruments

The Foundation's financial instruments consist of cash, accounts receivable, investments, and accounts payable. Unless otherwise noted, it is management's opinion that the Foundation is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair market value of these financial instruments approximate their carrying values unless otherwise noted.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments

Investments are valued at the lower of cost and quoted market value if there is a permanent decline in value.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires the Foundation's management to make use of estimates and assumptions that affect the amounts reported in the financial statements and related notes to the financial statements. Actual results may differ from these estimates.

Property, Plant and Equipment

Property, plant and equipment are recorded at cost, and are amortized using the declining balance method at the annual rate of 30% for computer equipment and 20% for furniture and fixtures. Amortization is calculated at one-half of the normal annual rate in the year of acquisition; no amortization is recorded in the year of disposal. Leasehold improvements are amortized by the straight-line method over ten years with a full year of amortization recorded in the year of acquisition.

3. DISTRIBUTION OF FUNDING

The annual grant made to the Foundation, which is provided from funds appropriated by the Nova Scotia legislature, shall be distributed in accordance with the objects of the Foundation as follows:

a) 40% shall be spent on medical research
b) 15% shall be spent on health-outcome research
c) 15% shall be spent on health-services research
d) 15% shall be spent on health-public policy research
e) a maximum of 15% may be spent on the administration of the Foundation and 5% of the total amount spent on administration shall be spent on increasing the public knowledge and awareness of the Foundation.

If less than the total money allocated is spent in any of the categories, the remaining portion shall be reallocated to one of the remaining categories in a manner determined by the Board.

4. INVESTMENTS

At year end the investments consisted of:

5,737 (2003 -105,368.329) units of Investors Canadian High Yield Money Market Fund with an average cost of $10.00 (2003 - $10.00) per unit. Cost - $57.37 (2003 -$1,053,683); market value - $57.37 (2003 - $1,053,683).

Nil (2003 - 557,346.449) units of Investors Government Bond Fund with an average cost $nil (2003 - $4.99) per unit. Cost - $nil (2003 - $2,781,159); market value - $nil (2003 - $2,764,996).

4. INVESTMENTS (continued)

Investors Compound GICs (2003 - nil) with a current book value, including accrued interest, of $4,337,116, maturing on October 31, 2004 with a maturity value of $4,375,229 (2003 - $nil) and bearing interest at 1.5%.

5. PROPERTY, PLANT AND EQUIPMENT

	2004			2003
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer equipment	$ 21,064	$ 9,488	**$ 11,576**	$ 5,491
Furniture and fixtures	32,227	13,194	**19,033**	13,891
Leasehold improvements	20,969	4,295	**16,674**	8,794
	$ 74,260	$ 26,977	**$ 47,283**	$ 28,176

6. INCOME TAX STATUS

According to Bill 22, which was given Royal Assent effective January 1, 2000, the Foundation and its property are exempt from taxation imposed by or under the authority of an enactment of the Province of Nova Scotia. The Foundation is a registered charitable organization under the Income Tax Act and is therefore exempt from income taxes.

7. STATEMENT OF CASH FLOW

A statement of cash flow was not prepared, as it would not provide any additional meaningful information to the users of these financial statements.

8. ECONOMIC DEPENDANCE

The Province of Nova Scotia provides the Foundation with funding necessary to provide grant support. The Foundation's ability to issue research grants is currently dependant on receiving adequate funding from the Province of Nova Scotia.

Members of the Board

Current

BRIAN D. MACDOUGALL, CHAIR

Brian is the Vice President of Operations and Support Services at the IWK Health Centre for Children, Women and Families in Halifax. He received his Masters of Health Services Administration from Dalhousie University. Brian is also a Certified Health Executive and a Certified Management Consultant. He has been a member of the NSHRF Board of Directors since 2000. (Term began November 1, 2003.)

COLLEEN ELLIOTT

Colleen, a Registered Nurse specializing in gerontology, is on staff at the Mira Long Term Care Facility in Truro. A graduate of St. Joseph's Hospital in Toronto, Colleen has her certificate in Alzheimer's Disease and Related Dementias. She is currently the Chairperson of the Well Women' Clinic in Truro and on the Board of the Nova Scotia Gynecological Cancer Screening Program. Colleen, past president of the Nova Scotia Division of the Canadian Cancer Society, was honored with the Canada 125 medal for her volunteer efforts.

JOAN FRASER

Joan is the former Executive Director of the Heart and Stroke Foundation of Nova Scotia and a member of the Health Charities Network of Nova Scotia. She is also a former Judge of the Court of Canadian Citizenship for Nova Scotia. Joan is particularly interested in research related to heart disease and stroke, health promotion, population health, and health outcomes.

JOHN GAINER

John is the Clinical Coordinator of the Eating Disorders Program at the Cape Breton Healthcare Complex, a position he has held since 1994. He is also chair of the Research Ethics Committee. John received his Ph.D. in Clinical Psychology from McGill University in Montreal. He is the author of more than a dozen health research papers.

THOMAS LARDER

Thomas is the Chair of the Board of Directors of Canadian Dental Services Plans Inc. and President of Endo/Tech in Nova Scotia. He received his DDS from the Faculty of Dentistry at Dalhousie University in Halifax and his Certificate in Endodontics from Tufts University School of Dental Medicine in Boston. The Nova Scotia Dental Association has previously honored Thomas as Volunteer of the Year.

PATRICK J. MCGRATH

Patrick is a Killam Professor of Psychology, and Professor of Pediatrics and Psychiatry, and Canada Research Chair at Dalhousie University where he directs the Ph.D. program in clinical psychology. He has research labs at Dalhousie and the IWK Health Centre. Patrick's research program is on pediatric pain and also on distance delivery of psychological treatment. His research has been recognized by appointment to the Order of Canada (Officer) and election to the Royal Society of Canada. He is the Principal Investigator of the Canadian Institutes of Health Research Strategic Training Program on Pain in Child Health and a Community Alliance for Health Research on distance treatment. His most recent professional book is Pediatric Pain, Biological and Social Context published by the International Association for the Study of Pain. (Term began Novemeber 1, 2003.)

PETER MCLEOD

Peter is a Professor of Psychology at Acadia University where he has also served as Director of Research and Graduate Studies. Prior to joining the faculty of Acadia in 1989, Peter received his Ph.D. in Experimental Psychology from Dalhousie University and held a Killam Postdoctoral Fellowship at U.B.C. His health-related research interests focus on stress responses and risk factors for depression and anxiety. (Term began November 1, 2003.)

DONNA MEAGHER-STEWART

Donna is the Associate Director of the Master of Nursing program at Dalhousie University School of Nursing in Halifax. She has a Ph.D. from the University of Toronto. Donna is an active participant in the health research community and her work has appeared in several journals and books.

THOMAS RATHWELL

Thomas is a professor and Director of the School of Health Services Administration at Dalhousie University in Halifax. His areas of specialization include health policy and planning, population health, comparative health care systems, and public participation. Thomas, who received his Ph.D. from the University of Durham, also served as the Head of the World Health Organization's Collaborating Centre for Health Care Systems Research and Development.

MADINE VANDERPLAAT

Madine is an Associate Professor of Sociology and Women's Studies at Saint Mary's University. A research methodologist and program evaluator, Madine received her Ph.D. in the Sociology of Education from Dalhousie University. Her research and publication interests focus on collaborative and participatory research strategies, empowerment oriented program evaluation and social interventions designed to promote social inclusion and civil society. Madine is currently working with the human rights and health research unit at the National School for Public Health in Brazil and on the development of a coastal communities network for Women's and Children's Health and HIV/AIDS.

Term Ended

HUGH A. GILLIS, CHAIR

Since 1998, Hugh is the former Academic Vice-President of St. Francis Xavier University in Antigonish, where he was also a member of the university's chemistry department. Hugh received his Ph.D. from the University of Notre Dame in Indiana and his Postdoctoral Fellow from the University of Leeds in England. (Term ended October 31, 2003.)

BRENDA MONTGOMERY, VICE CHAIR

Brenda is the past CEO of the Western Regional Health Board in Clementsport. She received her B.Sc. in nursing from Mount Saint Vincent University and her Masters in Health Services Administration from Dalhousie University, where she is an Honorary Professor in the School of Health Services Administration. (Term ended October 31, 2003.)

CAROL AMARATUNGA

Carol is the former Executive Director with the Maritime Centre of Excellence for Women's Health at Dalhousie University in Halifax. She is also an Associate Professor of Research in the Faculty of Health Professions at Dalhousie. Carol received her Masters Degree in Agricultural Economics and Extension Education at the University of Guelph and her Ph.D. in Educational Theory specializing in adult education at the University of Toronto. (Term ended October 1, 2003.)

Foundation Staff

KRISTA CONNELL
EXECUTIVE DIRECTOR

Krista is the Foundation's first Executive Director. Her job is extensive. She is responsible for providing the leadership and professional guidance necessary for the NSHRF to attain its strategic goals. Krista also oversees the tactical operation of the Foundation and ensures its effective and efficient operation.

As the Executive Director, Krista is responsible for outreach to the research community in its broadest sense and for the development of policies and approaches that foster involvement and support on the part of stakeholders. Krista reports directly to the Board of Directors.

LESLEY POIRIER
PROGRAM MANAGER
RESEARCH AWARDS

Lesley is the Program Manager – Research Awards for the NSHRF. She is responsible for the provincial competition and matching grant awards. This involves management of the competition process as well as all the communication, analytical, development, and capacity elements of the programs.

COLLEEN CLATTENBURG
ADMINISTRATIVE ASSISTANT

Colleen is the Foundation's Administrative Assistant. In this capacity, she provides support to the Executive Director and the Board of Directors. Colleen joined the Foundation shortly after it was established and provided administrative support to the Interim Merit Review Committee. She was also instrumental in the development of application information for the very first call for funding.

MARY ANN SKARO
PROGRAM MANAGER
STRATEGIC PROGRAMS

Mary Ann is responsible for evaluating the effectiveness of NSHRF's many programs. In particular, she oversees development, management, budgeting and evaluation of the Capacity Building program, the Knowledge Transfer program, and workshop support. The goal is to assist the research community in achieving objectives that will ultimately benefit all Nova Scotians.

MARIE DEVEAU WOURNELL
SECRETARY/RECEPTIONIST

Marie is the Foundation's Secretary/Receptioni .. She is responsible for the smooth day-to-day running of the organization and provides administrative support to the Program Managers. For many, Marie is the first introduction to the Nova Scotia Health Research Foundation.

Types of Research Funded

The Nova Scotia Health Research Foundation provides support to individuals and organizations conducting health research in four key areas:

Medical Research, which includes basic scientific and biomedical research as well as clinical and epidemiological investigations.

Health-Outcome Research, which involves research into changes in the health status of populations due to the implementation of health programs.

Health-Services Research, which delves into the efficiency and effectiveness of the management, organization, and delivery of health services.

Health Public-Policy Research, which assesses the impact of social factors, allocation of resources, legal and ethical issues, and the administration, organization, and financing of health care.

About NSHRF

The Health Research Foundation Act (Bill 22) was given Royal Assent on December 3, 1998. Little more than a year later, on January 1, 2000, the Act was proclaimed. By September, the Nova Scotia Health Research Foundation Office was staffed and fully operational.

The Foundation is the first health research organization in Nova Scotia funded by the provincial government.

The goal of the Foundation is to assist, collaborate with, and fund individuals and organizations conducting health research in the province. Health research is defined in the broadest possible sense.

The establishment of a health research foundation was recommended by the Health Research Task Force in 1996. In the Task Force's 40-page report to government, it noted that health research in Nova Scotia "is severely disadvantaged at present. The lack of provincial funding limits Nova Scotia's capacity to compete nationally and to build a strong support system for decision-making. Although significant pockets of research excellence exist, there is no coordinated mechanism to support health research."

At our core

There are 10 values at the core of NSHRF –

and at the heart of our strategic plan.

They are:

- Excellence in health research
- Relevance to health in health research priorities
- Fairness and transparency
- Accountability
- Inclusivity
- Citizen participation
- Partnering
- Capacity building
- Innovation
- Responsiveness

The mission of the Nova Scotia Health Research Foundation is to help improve the health of Nova Scotians by developing and supporting a vibrant and sustainable health research community throughout the province.

Building Capacity

Now and in the Future

ANNUAL REPORT 2003.2004

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